ART. XXV.—*St. George's Hospital Reports.* Edited by JOHN W. OGLE, M.D., F. R. C. P., and TIMOTHY HOLMES, F. R. C. S. Vol. III. 1868. 8vo. pp. viii.—409. London: John Churchill & Sons.

WE shall first notice the medical papers contained in this volume, many of which are of more than ordinary interest.

On the Treatment of Rheumatic Fever. A Clinical Lecture by HENRY WILLIAM FULLER, M. D.—Dr. Fuller's views as to the proper treatment of acute rheumatism are so well known that an elaborate analysis of this paper is scarcely necessary, for it contains only a reiteration of opinions previously expressed in his work on rheumatism and in other places. It is well known that among the advantages claimed for the alkaline treatment, are that the duration of the disease is shortened and the tendency to heart complications is diminished by it. "From January 1st, 1845, to May 1st, 1848, 246 cases of acute rheumatism were admitted into St. George's Hospital, and they remained in the hospital on the average thirty-five days; of these 246 patients, 119, or 1 in every 2.06, had some form of recent affection of the heart; and 1 in every 6.3 had pericarditis. During the six years ending December 31st, 1850, 17 cases, or about 1 out of every 27 cases of rheumatic fever admitted into the hospital, terminated fatally." The treatment during this time was various; bleeding, opium, tartar emetic, iodide of potassium, calomel, wine of colchicum, nitrate of potassa, lemon juice, and the hot-air bath were all resorted to by different physicians. Since 1852, Dr. Fuller has submitted 417 cases of rheumatic fever to the alkaline treatment, and, to quote his own words, "the disease has not proved fatal in a single instance; in nine cases only, or in little more than two per cent., has any cardiac complication occurred while the patient was under my care." The average duration of all the cases except those complicated by previous pericarditis was only eleven or twelve days, and of the stay in the hospital only twenty days.

In order that the treatment may be successfully carried out, the alkalies should be given in such quantity that alkalinity of the urine will be induced within twenty-four or thirty-six hours. As soon as this result has been brought about, they should be given less frequently or in smaller doses, as their continued administration in the doses which he recommends sometimes gives rise to great depression. Quinia or bark should then be added to the treatment. All solid food is to be interdicted as long as the tongue continues furred. The following is the prescription which Dr. Fuller prefers: ℞.—Potassæ acetatis ʒss, sodæ carbonatis ʒiss, aquæ f℥iij, rendered effervescent by the addition of succus limonis f℥j. This is to be taken at a draught and repeated every fourth hour.

Cases of Delirium probably dependent on Impoverishment of the Blood. By A. W. BARCLAY, M. D.—Attention is called in this paper to the well-known fact that delirium occurring in the course of febrile and inflammatory diseases is generally independent of inflammation of the brain or its membranes, and depends upon exhaustion and in some cases upon blood poisoning. That exhaustion alone is often sufficient to cause it, is shown by the fact that it may occur in starvation, and is generally at once cured by the administration of beef-tea, opium, and alcohol. Dr. Barclay does not, however, see in these facts any indication for the employment of these remedies in an early stage of fevers, for he says that as long as the fever lasts the patient should be restricted to the least quantity of food that will nourish him, and thinks that the heart sometimes becomes involved in consequence of the injudicious use of opium and alcohol in the treatment of rheumatism, whereby the secretions are checked. Food may be allowed to a debilitated patient, but is always to be withheld from one that is robust during the continuance of the febrile action. The delirium of which Dr. Barclay speaks is generally accompanied by muscular tremors.

Case of Cerebral Disease in a Syphilitic Patient. By T. CLIFFORD ALLBUTT, M. D.—The visceral lesions which constitutional syphilis produces, having been recently noticed in this Journal, it will only be necessary to indicate those points in which this case differs from most of those already reported. The man whose history is recorded had long been under observation for syphilis, and was known not to have been treated with mercury at the time of the primary sore. A few days before his death he was observed to be peculiar in his manner and irritable. Soon after he became rapidly semi-comatose and hemiplegic; coma deepened and death occurred on the fourth day after the occurrence of the unusual symptoms. There was no disease of the lungs, kidneys, or heart, and so little disease of the liver that it would have escaped the notice of any one not familiar with the history of the case. In the brain there were no lumps of syphilitic stuff, or softenings of the central ganglia, and it was not until the arteries were examined that any marked disease was found; the cut ends of the internal carotids were standing open like quills, and the basilar artery was as round as if filled with paint injection; the structure was more like cartilage than is usually seen in atheroma. This was the condition of every artery and arteriole throughout the cerebrum. The cerebellar arteries were but slightly, though certainly changed. Moreover there was a state of almost universal thrombosis. The microscope showed that the change in the arteries was "due to a chronic arteritis with great nuclear and cellular proliferation, and affecting all the coats to some extent, but especially the middle and inner coats." In many of the sections which were made, most beautiful pathological injections of the perivascular canals of His were observed. None of the sections of the brain gave the idea of really normal brain tissue. but no positive disease could be demonstrated.

On Paralysis of the Extensors. By REGINALD THOMPSON, M. D.—This paper contains the report of a case of paralysis of the extensors, similar to those reported in the last volume of the *Transactions of the Royal Medical and Chirurgical Society*, which was noticed in the January number of this Journal for this year.

Are there special Trophic Nerves? By HANDFIELD JONES, M. D.—Opinions are still divided as to the existence of a special set of nerves apart from the musculo-motor, sensory, and the vaso-motor, whose especial function it is to preside over the nutrition of the tissues. Brown-Séquard and Samuel contend that there are such nerves. Dr. Jones, however, after a careful investigation of the whole subject, comes to the opposite conclusion. At the close of his paper, which is a most interesting and instructive one, he says: "In conclusion, I may say that my review of the subject leads me to discredit very much the doctrine that there exists a special class of trophic nerves; inasmuch as all the phenomena, to explain which their existence might be invoked. seem to be fairly explicable by alterations in the condition of those which have been long familiar to us."

On Improved Methods of Inducing and Accelerating Labour, with the view of obtaining increased safety to Mother and Child. By ROBERT BARNES, M. D.—The usual methods of inducing labour are uncertain. unsatisfactory, and tedious, as it is impossible to say how soon after their employment uterine contraction will come on; they are moreover unsafe, as in this uncertainty the physician may happen to be away at the moment when the mother or child may most need his aid. Dr. Barnes proposes the following method, in the description of which we will quote his own words: "Having determined as closely as possible the period of gestation, I fix the day for the operation. On the evening of that day, the patient being in bed, I pass a No. 8 or 9 elastic bougie into the uterus, as far as it will easily slip in; it will generally go in to the extent of four to six inches. The end projecting beyond the os is then twisted up into the vagina; this keeps the bougie in situ. The patient keeps her bed for the night, so as not to disturb the bougie. Next morning, it will almost always be found that some degree of preparatory action has been effected. The cervix will be softer and perhaps admit the finger; the vagina will be well lubricated with mucus; and some uterine contraction or pains will be present. If this should merge into active labour, the bougie may be withdrawn; otherwise it may be left or replaced. Towards the afternoon, the cervix will be more yielding and expanded. The further course must then be determined by the special indications of the case. If the pelvis be normal. and the labour have been induced on account of constitutional disease, it is generally better not to resort to any active accelerative measures, but to let the labour take its own course. When the cervix will admit two or three fingers, if active pains are not present, it will, however, be desirable to tap the membranes by making a small scratch with a stilet or quill. The drawing off of a little liquor amnii, allowing the uterus to collapse, commonly stimulates it to increased activity, and in a few hours the child may be expelled. It is, of course, necessary to watch, lest the position of the child should become unfavourable, or the cord become prolapsed; circumstances, I repeat, very likely to occur in premature labour."

"If the labour have been provoked on account of pelvic distortion, greater assistance will be required. * * * * * Introduce the caoutchouc water-dilator into the cervix, taking care that the narrow middle part of the bag be gripped in the ring of the cervix; then distending it gently and slowly with tepid water, the finger on the cervix takes note of its effects. In half an hour or an hour, the middle sized bag will commonly have increased the dilatation so that the cervix will admit three or four fingers. This is the time to rupture the membranes."

Dr. Barnes believes that in cases of contracted pelvis the operation of turning in utero gives the best chance of life to the child, for he thinks that a larger head can be more readily delivered in this way than in any other.

On Counter-irritation, considered in reference to the Remote and Indirect Effects of Local Morbid Changes. By W. H. DICKINSON, M. D.—A plan of treatment which has at any time received the sanction of the majority of our profession, is afterwards exceedingly difficult to displace from the code of medical practice, even if it should be proved that the theory which led to its adoption is no longer tenable. Dr. Dickinson thinks that counter-irritation furnishes us with an instance of the tenacity with which men cling to the therapeutics of by-gone generations, and condemns as absurd the idea that excoriations of the surface of the body can produce deep-seated alterations in unconnected though neighbouring organs, or that bedaubing the surface of the chest with tincture of iodine can modify the course of tubercular disease in the apex beneath, or that a superficial vesication can promote the restoration of a hepatized lung. It is true that, in general disease, irritation of the surface may sometimes cause the translation of morbid action from an internal and important organ, as where a scarlatinal eruption relieves scarlatinal delirium, or a measly rash relieves measly bronchitis, but inflammation generally depends upon a local irritation, not upon any changes in the common fluids of the body, and cannot be so readily unseated.

Dr. Dickinson next considers the lines of communication which exist in the body; these are, 1st, the bloodvessels; 2d, the absorbents; 3d, the nerves; 4th, continuity or apposition of structure.

In reference to the bloodvessels, he says: "As a means of withdrawing material from the blood, a discharging sore may produce various effects according to the nature of the discharge and the circumstances of the case. A loss of pus may cause mischievous deterioration of the blood and consequent organic change. When the discharge is serous, it may lead to the absorption of serous accumulations in the vicinity and in appropriate cases be remedial." This then is the only way in which a counter-irritant can be of service, *i. e.*, when there is effusion into a joint the application of a blister over it will, by directly depleting the bloodvessels, cause the absorption of the effusion. If, he says, only a "simple irritation has been established—a proceeding of which we can recognize none but injurious effects—the nerves supply the route by which it travels. When, irrespective of vessels or nerves, a deep organ is influenced by a superficial change, the process is limited to extension by contiguity, the deeper structures participating in the morbid change which began on the surface, or in the inflammation consequent upon it." Counter-irritation is therefore more likely, he thinks, to do harm than good if the nerves are the route by which it acts—for if the irritation be excessive fatal collapse may ensue, or if less extensive, inflammation, degeneration, or vascular alterations of the nerve centre upon which the irritation falls may result. The absorbents are never the avenues by which remedial influences travel.

A Hypothesis as to the Ultimate Destination of Glycogen. By WILLIAM

OGLE, M. D.—Bernard proved, many years ago, that the liver was constantly producing a substance resembling ordinary starch, and believed that this substance was converted into sugar and left the liver in that form. Pavy, on the other hand, teaches that it is not changed into sugar during life, and his observations have recently been confirmed by McDonnell. Dr. Ogle's object in writing this paper is to put forth the hypothesis that glycogen is the source of muscular force. The arguments by which he attempts to sustain this are certainly ingenious. He supposes that the glycogen leaves the liver in company with some nitrogenous substance, probably fibrin or some derivative of fibrin. The chief reasons for this assumption are the diminution in the quantity of the fibrin as the blood passes through the liver, more than can be accounted for by the quantity of bile excreted; the fact that such a combination is known to be possible, for it is found in the muscles of the fœtus, and a substance which may fairly be regarded as the resulting compound, namely, globuline, is found in greater abundance in the hepatic than the portal veins. This view is sustained by the discovery of Lehmann, that the contents of the blood cells can be broken up into a nitrogenous substance, which has not been fully investigated, and a variety of sugar closely corresponding to, if not identical with, glucose. The contents of the blood corpuscles are undoubtedly given up to the muscles, for it can be shown that the cells diminish in number in the muscles, especially during active exercise, and moreover, their striking chemical resemblance to the juice of the muscles is well known. On the other hand, fibrin is found in greater abundance in the blood coming from the muscles than in that going to them, and the difference becomes greater during exercise. The substance derived from the corpuscles is during the contraction of the muscles split up into a nitrogenous substance, myosin, and a non-nitrogeneous substance which is either lactic acid or some substance which is readily converted into lactic acid and this splitting up of the substance into myosin and lactic acid is perhaps in itself a source of force, just as in the alcoholic fermentation the formation of alcohol and carbonic acid is attended by heat. If the formation of myosin and lactic acid, in which a close chemical union may be supposed to have taken place, is attended by the production of force, still further production of force takes place in consequence of the oxidation of the lactic acid; lactic acid, consequently, is not usually found in the muscles, but it is found if these are contracted as in rigor mortis or in tetanus, when it is produced faster than it can be converted into carbonic acid. Myosin, it is thought, is carried off by the veins in the form of fibrin, to which it chemically and physically bears a close resemblance; it is known not to be converted into urea, for the quantity of urea in the urine is not notably increased by exercise. In support of his theory, Dr. Ogle further says, that of all chronic ailments, none are characterized by so great muscular prostration and incapacity for exertion as those which affect the liver, that there is nothing more apt to produce hepatic congestion in a healthy man than prolonged muscular inactivity, and nothing so quickly relieves congestion of the liver as active exercise. During inactivity, therefore, the muscle fuel accumulates in the liver; during exercise it is consumed. Moreover, when a muscle has been kept in a state of forced inaction for a considerable time—a muscle for instance of a limb paralyzed by nerve section, or a muscle of a fœtus motionless in the womb—it is found that a considerable amount of glycogen may be obtained from it, precisely the same in all respects as the glycogen of the liver.

Case of Poisoning by Stramonium. By C. PAGET BLAKE, M. D.—An old gentleman who had gone to Torquay, for the benefit of an asthma from which he had long suffered, was found one morning in an alarming state of collapse. The features were sunken, the skin cold and covered with clammy sweat, the hands and feet livid, the former much bruised, the pulse absent at the wrists, the heart's action excessively feeble and intermitting, and the pupils so contracted as to be scarcely discernible. The patient was put to bed, well covered with blankets, and efforts made to restore the circulation. In the course of two hours, the pulse was perceived at the wrist, the dyspnœa became less marked, the surface warmer, and the patient was able to swallow. An emetic of sulphate of zinc, which caused the ejection of the contents of the stomach, brandy, ether, and ammonia, were then given. In four and a half hours the pupils began to dilate, and shortly afterwards a dose of castor oil which had been given him began to operate; he apparently understood what was going on, but could not be made to do what he was told; rigidity of the extremities now came on, and unintelligible sounds were uttered. At the end of the next day, he was able to articulate, but misplaced words. On the fourth day he was able to relate the circumstances of the poisoning. At one A. M., feeling an attack of asthma imminent, he had taken unintentionally an over-dose of the tincture of stramonium (one and a half drachms); almost immediately afterwards he felt dizzy and stupid, and went to bed thinking that he would soon drop off to sleep. He had no remembrance of anything that took place up to the evening of the third day. Shortly after taking the dose he must have become violently delirious, for the room in which he was found exhibited the greatest confusion; some articles of furniture being displaced, others smashed, and others piled topsy-turvy one on top of another.

Loss of Speech from the Bite of Venomous Snakes. By WILLIAM OGLE, M. D.—Loss of speech is frequently found to follow the bites of venomous snakes. Six cases are quoted by the writer from different journals and the condition is mentioned as a very common one by Mr. Russ, who in addition says that it frequently occurs very early, preceding the dyspnœa, the lividity of the surface, the general venous congestion and other results of impeded passage of the blood through or into the lungs. The explanation of the phenomenon given by Dr. Ogle is certainly ingenious, but is hardly one that can be unhesitatingly adopted. Accepting to a certain extent the view of Broca, that the central organs concerned in the function of speech are located in a limited portion of the left cerebral hemisphere, somewhere in near proximity to the fissure of Sylvius and are nourished by the middle cerebral artery, Dr. Ogle supposes that the venom of the snake causes spasmodic contraction of this artery, so that a suspension of the functions of this part of the brain is necessarily brought about; symptoms in fact being produced very closely resembling those caused by embolism. As this condition is not likely to leave traces after death, it has of course escaped the attention of pathologists, and hence the absence of mention of lesions of the brain in the cases in which post-mortem examinations have been made is sufficiently explained. In one case indeed there is said to have been anæmia of the brain, in another collapse of the plexus choroides, which, it will be recollected, receive their blood from the middle cerebral artery. Moreover there is nothing extraordinary in the fact that these arteries are alone affected, for there are numerous substances which cause contraction of certain arteries, and are without any such effect on others. Thus the salts of potassa, when injected into the bloodvessels, cause contraction of the systemic arteries, and not of the pulmonary, while the effects of the salts of soda are precisely the reverse. The cholera poison, according to Dr. George Johnson, causes spasm of the arteries of the lungs; alcohol, of the arteries of the internal organs. Digitalis and ergot of rye owe their valuable property of arresting menorrhagia to their power of causing contraction of the uterine vessels. Brown-Séquard saw the vessels of the pia mater of a dog contract after the administration of large doses of ergot. If it be given in very large doses contraction of the vessels of the iris and suppression of the secretion of milk will follow; and it is well know that the gangrene of the extremities which follows its long continued administration is due to a similar effect. Belladonna has also a similar power, as it undoubtedly diminishes the amount of blood in the spinal cord and brain, while the good effects of quinia in diminishing the size of the spleen, a reduction which sometimes occurs within an hour of the administration of the drug, are attributed to the power which it has of contracting the splenic arteries.

Upon Certain Morbid Conditions of the Appendages of the Liver. By JOHN W. OGLE, M. D. —Dr. Ogle comments upon the fact that diseases of the appendages of the liver are frequently found at post-mortem examinations, in cases in which during life no symptom had directed attention to this organ, and refers to the case of a medical man, in whom the symptoms of pneumonia and perihepatitis obscured the evidence of an ulceration, which eventually produced a communication between the gall-bladder and colon. Five cases of ulceration of the gall-bladder are then detailed; in three of these a communication with the duodenum was produced, and was probably caused by biliary calculi, as these were found in the gall-bladder. In some cases. however, the ulceration may begin in the stomach or intestines and the-gall bladder become secondarily involved, as in one of the reported cases in which there was a perforation of the stomach, which was occluded by the gall-bladder, the peritoneal surface of which only was ulcerated: and in other cases there were found several ulcerations in the intestines besides the one which communicated with the gall-bladder.

Obstruction of the gall ducts will of course produce stagnation of the bile, which, as a consequence, becomes irritating and causes great distension of the ducts. A case is reported by Andral, in which the choleduct canal was three times its normal size. The obstruction may be due to morbid growths of the liver, to biliary calculi, to entozoa, to hydatids to an excessively inspissated bile, to a stricture of the mucous membrane, or to a closure or obliteration of the ducts, or of their outlets into the duodenum as by the pressure of an intussusception or an aneurism of the hepatic artery. The distension of the gall-bladder in consequence of the obstruction of the common duct, may be so great that rupture has taken place. Noxious qualities of the bile will also cause ulceration of the gall passages, and this will account for the condition of the gall-bladder in low fevers. Occasionally the mucous membrane of the gall-bladder is arranged in folds, in some cases pinchings or dilatations of its walls are observed, and in one case it was divided into sacculi which contained calculi. Several cases in which sloughing took place are reported, and a few in which abscesses were found. Cases of atrophy of the gall-bladder are also alluded to. This is either due to embolism of the cystic artery, or to some other cause by which the supply of blood to the part is diminished. Other diseases are of an occasional occurrence; thus four cases of cancer are reported, and several in which there was a deposit of calcareous matter on the internal surface of the gall-bladder, arising from concentration of the bile. In some cases gall-stones are found beneath the mucous membrane; the explanation given of this condition is that the calculi have lodged in ulcers which have subsequently closed over them.

This paper contains two woodcuts, one showing obstruction of bile duct by enlarged glands, the other a cyst of the pancreas, the result of obstruction of its duct.

A Case of Aneurism. By R. J. LEE, M. B.—The patient in this case was a Polish gentleman, who suffered in addition to his malady, many unhappy reverses of fortune. He was 53 years of age, came under observation in November, 1864, with well-marked signs and symptoms of thoracic aneurism. The most perfect tranquillity of mind, and repose in the recumbent position were insisted upon and willingly adhered to. The patient was not even allowed to sit up in bed in order to permit a physical examination to be made for three weeks. At the end of this time, there was a feeling of solidity upon placing the hand over the heart, which it is difficult to describe; no pulsation could be seen and no impulse felt. In order that the clots which had evidently been formed might not be disturbed, he was kept in bed for another week. He continued to do well through the greater part of the following year, but was readmitted to the hospital in December, 1865, with a recurrence of pulsation and fluctuation. In April, 1866, great improvement is again noted. On October 11, 1866, the following measurements of the tumour were taken: round the base twelve inches; transversely five and a half inches; vertically six and a quarter inches. On February 14th, 1867, death occurred. The sac of the aneurism was found filled with layers of fibrinous deposit and coagulated blood; the left recurrent nerve was stretched and attenuated, but there was no change of its intimate structure. The internal coat of the aorta extended almost throughout the whole aneurismal sac without change or rupture; the middle coat likewise formed a part of its walls. The two coats were so perfect in some situations as to form a thick and strong structure inferior only in elasticity to the aorta itself.

This paper is illustrated by two woodcuts and several diagrams.

A Series of Fatal Cases of Poisoning. By **John W. Ogle, M. D.**—In this paper are detailed the symptoms and post-mortem appearances in twenty-four cases of poisoning. The poisons employed were numerous and among them were oxalic acid, opium, chloroform, hydrocyanic acid, amylene, caustic potassa, sulphate of zinc, arsenic, corrosive sublimate, sulphuric and hydrochloric acids. The cases reported are interesting, but there is little added to our knowledge on the subject of poisoning. When speaking of chloroform, Dr. Ogle takes occasion to express his entire concurrence with Dr. Snow's view of the cause of death during the administration of chloroform, that is, that the fatal result is not to be attributed so much to its long-continued inhalation as to the fact that it is frequently given with the admixture of too little air. The case of a child poisoned by opium is referred to, in which recovery followed the use of galvanism kept up assiduously during several hours by relays of students.

In addition to the above papers, Mr. Thomas P. Pick the curator of the pathological museum contributes a paper on the "Pathological Observations," made during 1867, Dr. Reginald E. Thompson, the medical registrar, a report of the medical cases for the year, and appended to the book is the address to the students on the opening of the New School, October 1st, 1868, by Henry W. Acland, Regius Professor of Medicine in the University of Oxford.

J. H. H.

The first paper addressed especially to surgeons, is by Mr. **Henry Lee**, and is an *Abstract of Clinical Lectures.* Lecture I. is *On the Medio-lateral Operation for Lithotomy.* This is essentially the same as Sir Wm. Fergusson's operation, the principal difference being that in it the curved incision is bilateral, while in Mr. Lee's method this incision is limited to the left side of the perineum. A probe-pointed knife is entered along the groove of the staff, and then lateralized, the prostate being divided from within outwards as it is withdrawn. Mr. Lee's operation is, in his own opinion, "the simplest in conception, the easiest in execution, and the least liable to be attended or followed by any unfavourable complications of all the operations for lithotomy."

It is an old remark that any disease for which a great many remedies are recommended, must be either very trivial or very unmanageable; and so it is in surgery, with the multiplication of operations. Lithotomy in children, in whatever way performed, is a proceeding of very favourable prognosis; while in adults it must always remain a serious operation under any circumstances. For ourselves we fail to see the superiority of any of the new or newly revived methods over the old-fashioned lateral operation, which we believe to be as philosophical and as favourable in its results as any other.

Lecture II. is *On Repair of Arteries after Injury.* A paper on this subject was published by the author and Prof. Beale in the *Medico-Chirurgical Transactions*, vol. l. (see notice in number of this Journal for April, 1868, p 490). The theory there maintained, that wounded vessels are repaired by means of a substance derived from the blood itself (*germinal matter*), is here adopted and explained in its practical relations. "Some years ago," says Mr. Lee, "I repeated Gendrin's experiment, and found that if the blood were carefully excluded from a bloodvessel, irritating substances might remain in contact with its lining membrane for a very considerable time without any effusion of lymph taking place. If the blood, however, was allowed to enter the vessel, then a deposit of white fibrin-like material took place." It seems to us that if these results are correct, they are fatal to the doctrine which makes the repair of bloodvessels due to the activity of the vasa vasorum. We have become so accustomed of late to the enunciation of new and startling views as to the best methods of checking hemorrhage, that we cannot even feel surprised at the following sentence, which ends the lecture. "As far as my own experience goes, I am inclined to think that torsion is more applicable to the larger arteries than to the smaller ones, inasmuch as they can be more easily isolated from the surrounding structures, and their internal coats are consequently more easily lacerated."

Lecture III. is of considerable interest; it is *On Mortification and other Secondary Affections in consequence of Disease of the Arteries.* Under the name of *Chronic local multiple abscesses*, several interesting cases are detailed. The affection is well described by the above name, and the seat of the abscesses is thought by Mr. Lee to be determined by the distribution of the arteries of the part. In some of Mr. Lee's cases (and we may add, in most of those which have come under our own observation) a syphilitic taint has been presented. It is a question with us, whether some of these cases might not more properly be regarded as neuroses than as affections of the arterial system. We quote Mr. Lee's summary of conclusions in his own words: "The morbid products of diseases of the arteries (whether originating in them or communicated to them from other parts) may mingle with the blood. These morbid matters consist chiefly of the results of fatty degeneration, and of fibrin-like matter formed in the vessels. Such products mixed perhaps with the débris of the arterial tissues, may either mechanically, or by inducing coagulation of, or deposit of fibrin from, the blood, impede the circulation. The tendency to this deposition of fibrin, and the process of cell-development which may commence in such deposits in one of the larger arteries, may be continued to a much greater extent in the capillaries. The actions in these are essentially of the same nature as in the larger vessels, although the material in which they occur may have been transferred from its original site. The principal secondary effects which I am inclined to attribute to the causes now mentioned are (1) gangrene, (2) softening, (3) solid œdema, and (4) chronic local multiple abscesses."

In Lecture IV., *On different Local Syphilitic Actions*, Mr. Lee takes occasion to comment on syphilization, which he looks upon as unscientific and improper. In this opinion we scarcely need say we heartily coincide.

These are called *clinical lectures*, but if it were not for the name, no one would imagine that they could have been delivered at the bedside, or even in a clinical amphitheatre. They smell of the lamp, and we strongly suspect were carefully prepared for publication in the retirement of the author's study.

We will next consider Art. V., *On the Reduction of Old Dislocations*, by BERNARD E. BRODHURST. Two cases are narrated, one of luxation of the humerus, successfully reduced after 175 days, and one which is described as a "dislocation of the wrist forwards" reduced after *six years*, with the aid of tenotomy. We believe Mr. Brodhurst to be right in preferring to attempt the reduction of old dislocations by the method of manipulation, rather than by forcible extension, with or without the pulleys. At the same time it should be borne in mind that even manipulation is not entirely free from risk, as the bloodvessels may from previous inflammatory action have become more or less adherent to the displaced bony extremities. We have in our own practice found not so much difficulty in reducing old dislocations as in preventing their reproduction; and we cannot but think that the articular surfaces undergo changes in their reciprocal relations, more frequently and more quickly than is represented by the author.

The next paper is by Mr. THOMAS P. PICK, *On Traumatic Fever*. Of 108 cases of which Mr. Pick has full notes, all but thirty-five presented symptoms of traumatic fever. The ordinary course of this affection is thus described: "The attack usually comes on about the second or third day, though in some cases it was found to be delayed to the fourth or even the fifth day. In no single instance did it occur after the fifth day, and in some cases it occurred within the first twenty-four or forty-eight hours. In no case was it ushered in by a rigor, though once or twice chilliness was complained of. The fever augments very rapidly; in one case the temperature reached its maximum, an increase of 6° F. in twenty-four hours; the general period is about two days. The whole course lasts from two to six days, and the fever subsides gradually; the temperature decreasing with as great rapidity as it augmented, and the frequency of the pulse declining in proportion to the decrease in the temperature of the body." The establishment of free suppuration is usually accompanied by a marked diminution of temperature. The occurrence of "secondary fever" as it is termed by Billroth, indicates a grave change, either in the condition of the wound or the general state of the patient. The German surgeon teaches that this secondary fever may occur without any primary attack having preceded it; in the experience of Mr. Pick, however, a primary fever has always existed, though occasionally very slight; any attack which is prolonged beyond the eighth day or which begins later than that day, is to be considered as secondary. In *pyæmia* the secondary fever is of a remittent type; in *phagedæna* (hospital gangrene), the thermometer indicates a remarkably high temperature, and the defervescence is not gradual, as in the ordinary type, but there is a sudden fall from the highest point to a normal or even a preternaturally low temperature. In *erysipelas* "the fever precedes the appearance of the eruption by a very short time; it continues high during the whole course, and subsides rapidly." We look upon Mr. Pick's paper as a valuable contribution to surgical pathology.

We shall next consider Art. XVII., *On the Treatment of Wounds by the Application of Carbolic Acid, on Lister's Method*, by T. HOLMES and W. B. HOLDERNESSE.—This paper is founded on forty cases, which are given either in detail or in abstract. "The results," the authors say, "are not in themselves striking; nor can we affirm decisively that they are better than would have been attained under the ordinary methods of treatment. Erysipelas, pyæmia, diffuse cellular inflammation, and tetanus—those formidable complications of wounds which we hoped to banish by the adoption of this method—have, as it will be seen by the sequel, claimed their proportion, and not a very small proportion either, of the number under treatment." It is possible, however, as the authors candidly acknowledge, that if all the wounds in the wards had been dressed with carbolic acid, the results might have been more decidedly favourable. As yet, all that can be said, from the experience of St. George's Hospital, is that "at any rate the treatment has not proved either painful or dangerous," and benefit is still hoped for "from its further use and from trials of different methods of applying it."

The next paper is of considerable interest, and is especially remarkable because accompanied by two beautifully coloured plates each containing six figures. It is the *Ophthalmic Department Report*, by Mr. HENRY POWER. The first plate illustrates the ophthalmoscopic appearances in cases of optic neuritis, exudation on and detachment of retina, hemorrhage on retina with atrophy of the chorio-capillaris and pigmentary deposit, progressive myopia, posterior staphyloma, etc. The second plate illustrates cases of sub-conjunctival nævus, intra-ocular cancer, inflammation of the eye consequent on abscess in pons implicating the origin of the fifth pair of nerves, episcleritis, and abscess in the orbit.

Episcleritis, Mr. Power says, "is a form of disease that is not very unfrequent, but which is scarcely noticed in English works on ophthalmic surgery. It consists of a circumscribed swelling of the connective tissue, over some part of the sclerotic, occurring for the most part in adults. . . . The affection is characterized by its slow progress, by its being accompanied by comparatively little pain, such pain as there is being of an aching or rheumatic character, and affecting the brow as well as the eye, by its attacking any portion of the exposed surface of the sclerotic, and presenting the appearance of a smooth and tolerably well-defined elevation of rose-red colour, with a yellowish tint, on and in which vessels of considerable size ramify. The conjunctival tissue over the swelling appears chemosed or semi-transparent, adding to its size and rendering the tumour palest at the most prominent part. It has no tendency to ulceration or to suppuration, but after enduring for a very variable length of time slowly disappears under treatment. The episcleral vessels, or those more deeply-seated vessels which run in a straight direction towards the cornea, are congested and present the usual rose-red colour, thus conferring on the eye generally the aspect of a rheumatic case. It appears to be caused by cold acting on a debilitated subject; and the treatment I have adopted, and which has been very successful, has been the administration of aconite in three and colchicum in twenty-minim doses in camphor mixture." The report is terminated with an elaborate table giving the number of cases of each affection treated in each month of the year.

The last paper which demands our attention occupies no less than sixty-two pages, and is the *Report of Surgical Cases treated in the Hospital during the year ending December* 31*st*, 1867, by Mr. WILLIAM LEIGH, the Surgical Registrar. These statistical records have always been, in our opinion, one of the most valuable features of the St. George's Hospital Reports, and we earnestly wish that every hospital in our own country would adopt a similar plan of registration. Our readers will find the whole of this paper not only interesting but extremely instructive; we must confine our quotations to a few prominent topics. Fifteen cases of fractured patella were treated during the year, all except one being transverse, and the result of muscular action. "In most cases Malgaigne's hooks were employed with very good result; but in the other cases, which were simply raised on a single incline, the results were almost as good." Four cases of tetanus occurred, two of which recovered, one under the use of turpentine by the mouth and conium suppositories, and the other being treated with hypodermic injections of atropia and morphia. Twenty-three cases of pyæmia are reported, only one recovering; this was a case of what we have elsewhere given our reasons for calling *urethral* or *genital fever* (ordinarily called *gonorrhœal rheumatism*). "The treatment consisted in the administration of full doses of quinia, with the sulphate of iron and extract of conium, together with generous diet, when the patient was able to take it, and stimulants."

One case of ovarian disease was submitted to operation, death following on the fourth day. Three elaborate tables are appended to the report, and give (1) the number and nature of cases admitted during the year, (2) a tabular account of the cases of compound fracture, and (3) a tabular statement of the various operations performed during the year. These tables appear to have been very carefully drawn up, and will be of permanent value for purposes of reference.

We have still to complain of the want of an index to the volume.

J. A., Jr.

ART. XXVI.—*Planches Descriptives du Matériel des Ambulancés; ouvrage basé sur l'Exposition Internationale organisée à Paris en* 1867, *par les Sociétés de Secours aux blessés, et pour lequel ont été mis a profit les meilleurs modèles actuels.* Par le Docteur E. GURLT, Professeur de Chirurgie a l'Université de Berlin, Chevalier de l'Ordre Royale Prussien de l'Aigle Rouge, Membre de la Société Médicale, de la Société d'Obstetrique, et de la Société des Sciences Médicales et Naturelles de Berlin, Membre Correspondant étranger de la Société Impériale de Chirurgie de Paris, Membre Correspondant de la Société I. R. des Médecins de Vienne, de la Société Physico-Médicale d'Erlangen, de la Société des Médecins Badois pour le Développement de la Médecine Légale, etc. etc., et Membre du Comité Central Prussien de Secours aux blessés Militaires, délégué par celui-ci à l'Exposition à-dessus mentionné et Membre Honoraire de la Société Patriotique Autrichienne de secours aux blessés, aux veuves et aux Orphelins Militaires à Vienne—xvi. planches lithographiées en couleur. Berlin, 1868: Th. Chr. Fr. Enslin (Adolphe Enslin).

THE author of the above is Dr. E. Gurlt, Professor of Surgery in Berlin, and recently a delegate from the "Central Prussian Committee of Succour for Wounded Soldiers" to the International Exhibition organized at Paris in 1867. Dr. Gurlt's work is itself a magnificent contribution in furtherance of the philanthropic objects of the International Congress. It consists of two parts, an atlas of sixteen imperial folio coloured lithographic plates, and an accompanying German and French descriptive text of eighty-seven quarto pages.

In the preface the author states, that at present no treatise exists which affords any proper or accurate description of the *matériel* and apparatus necessary for the care of the sick and wounded in time of war; and to remedy this deficiency his work is prepared. It is based upon designs executed at Paris, under the author's supervision, by M. Grund, an engineer sent thither for that purpose by the Prussian Minister of Commerce and Industry.

The most useful and remarkable objects and inventions collected at the Paris Exhibition are represented in these plates on a scale so large, and with such indications of materials by colour, as may enable competent mechanics in any country to construct the objects themselves from these diagrams. In the first